

Application No.:

Inventor: COHN, Robert

Filing Date:

Group Art Unit:

Title: Apparatus And Method For Barrier
Submersion Cooking

Examiner:

Attorney Docket No.: 72-002

DECLARATION AND POWER OF ATTORNEY

I, Robert Cohn, declare:

I am a citizen of the United States of America and resident of 61 Sterling Avenue, Dallas, Luzerne County, PA 18612.

I believe myself to be the original, first and sole inventor of the Apparatus And Method For Barrier Submersion Cooking described and claimed in the annexed specification.

I have reviewed and understand the contents of the specification, including the claims.

I do not know and do not believe that the same was ever known or used in the United States before my invention thereof; or patented or described in any printed publication in any country before my invention thereof or more than one year prior to this application; or in public use or on sale in the United States more than one year prior to this application.

Said invention has not been patented or been made the subject of an inventor's certificate in any country foreign to the United States on an application filed by me or my legal representatives or assigns more than twelve months prior to this application.

No application for patent or inventor's certificate thereon has been filed by me or my legal representatives or assigns in any country foreign to the United States.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I declare further that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these

statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

I hereby appoint Mitchell A. Smolow, D.M.D., Esq., Registration No. 43,140, whose post office address is:

Dr. Mitchell A. Smolow, LL.M.
720 Hampton Road
Shavertown, PA 18708
Tel. No. 570-714-4000
Facsimile 570-696-5604

my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, to amend the specification, to appeal in case of rejection, as he may deem advisable, to receive the patent when granted and generally to do all matters and things needful in the premises, as fully and to all intents and purposes as I could do.

All correspondence and telephone calls should be addressed to Mitchell A. Smolow, D.M.D., Esq. at the above-indicated address and telephone number.

I hereby subscribe my name to the foregoing specification and claims, declaration and power of attorney.

Date 08/23/04

Inventor 